

**ST. CHARLES COUNTY DEPARTMENT OF CORRECTIONS
ADULT DETENTION FACILITY**

SEGREGATION REPORT / SEGREGATION RELEASE REPORT

Complete this report when:

1. An inmate is segregated resulting from an incident / condition other than disciplinary action sanctioned by the Department of Corrections Administration.

OR

2. An inmate is being released from any type segregation that was the result of any incident / condition other than disciplinary action sanctioned by the Department of Corrections Administration.

Inmate Name: Leonard (Last) Jamie (First) D (MI) 2017/11/18/88 (DCN)

This inmate was authorized for transfer from General Population/Housing Unit X to segregation.

Time/Date of transfer to segregation: 7-22-17 10137

REPORT OF SEGREGATION

Segregation Type: (check one) Medical Isolation _____ Administrative _____
Suicide Precautions ✓

Time/Date of Segregation 7-22-17 10137 Location of Segregation: Unit A Cell _____

Reason for Segregation: suicidal statements

Standard suicide precautions instituted: Yes _____ No _____

Special Instructions: Close observation until cleared by mental health and medical supervisor.

THOMAS RN 902 (Signature of Supervisor or Medical Staff authorizing segregation) 7-22-17 10137 Date/Time

REPORT OF RELEASE FROM SEGREGATION: Any inmate who has been placed in Suicide Precaution Status may only be removed from that status by the following persons:

Director or Assistant Directors of Corrections

SCCDOC licensed medical staff

Department Psychologist / Psychiatrist or other, recognized, Mental Health Professional (ie. BHR - Behavioral Health Response)

The above named inmate was approved for transfer from segregation to General Population/Housing Unit: _____

Time / Date of transfer to General Population: _____ / _____

Special Instructions: _____

(Signature of Supervisor or Medical Staff approving transfer)

Date/Time